

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19153

318

1003

State File No.

4468

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| BIRTH NO.   |  | REG. DIST. NO.  |  | PRIMARY REG. DIST. NO.  |  | Registrar's No.   |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br>Missouri |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br>St. Louis  |  | c. LENGTH OF STAY (in this place)<br>8 yrs  |  | c. CITY OR TOWN<br>St. Louis  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>Peter   |  |   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>May 9, 1957   |  |   |  |
| 5. SEX<br>Male  |  |   |  | 6. COLOR OR RACE<br>White   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widower   |  |
| 8. DATE OF BIRTH<br>Nov. 21, 1882   |  |   |  | 9. AGE (In years last birthday)<br>74   |  | 10. IF UNDER 1 YEAR<br>Months Days Hours Mins.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Unknown  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>Bowling Green, Missouri   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |  |   |  |   |  |   |  |
| 13a. FATHER'S NAME<br>Charles Patterson   |  | 13b. MOTHER'S MAIDEN NAME<br>Lena McCulloch   |  | 14. NAME OF HUSBAND OR WIFE<br>Anna Globe   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>no -   |  | 16. SOCIAL SECURITY NO.<br>-- none  |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Miss Rothwell 2331 Mullanphy St..  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis<br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Arteriosclerotic cardio-vascular disease<br>DUE TO (c) Generalized arteriosclerosis, Laennec's cirrhosis<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholism with psychotic episodes. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>10 min.<br><br>10 yrs.<br><br>10yrs.  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                       |  |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR   |  |   |  |
| 22. I hereby certify that I attended the deceased from 5-3, 1948, to 5-9, 1957, that I last saw the deceased alive on 5-9, 1957, and that death occurred at 8:30 a.m., from the causes and on the date stated above.            |  |   |  |   |  |   |  |
| 23a. SIGNATURE<br>R. Hopfalter M.D.   |  |   |  | 23b. ADDRESS<br>5400 Arsenal St.  |  | 23c. DATE SIGNED<br>5-9-57  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>burial   |  | 24b. DATE OF BURIAL OR CREMATION<br>5-10-57   |  | 24c. LOCATION (City, town, or county) (State)<br>Calvary Cemetery St. Louis, Missouri                         |  |   |  |
| DATE REC'D BY LOCAL REG.<br>MAY 10 57   |  | REGISTRAR'S SIGNATURE<br>J. Cullen & Kelly  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Cullen & Kelly  |  | ADDRESS<br>7267 Natural Bridge  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Not Embalmed, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James A. Lammes

Licensed Embalmer No. 4142

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.